

Company name must be printed on each page of this registration application.

Registrant's DUNS: _____

Company Name: _____

CENTRAL CONTRACTOR REGISTRATION APPLICATION

Register yourself on-line from our web site <http://www.acq.osd.mil/ec> or
Call the EC Information Center at 800-334-3414 8AM - 8PM EST for assistance

REGISTRATION QUESTIONNAIRE SCREEN: Please select YES or NO for each:

	YES	NO
1. Does your organization have a parent or affiliate organization?	___	___
2. Do you use another organization or office to submit quotes?	___	___
3. Do you want orders sent to another address?	___	___
4. Does your organization have production or service sites other than your mailing address?	___	___
5. Does your organization or personnel comply with government security requirements?	___	___
6. Do you use the ISO and Quality Standards?	___	___
7. Does your organization have a Government Contract Administration Office?	___	___
8. Does your organization use a packager?	___	___
9. Are you Electronic Data Interchange capable?	___	___
10. Has your organization been certified as an 8(a) firm?	___	___

INITIAL REGISTRATION: Must be completed by all registrants

DUNS: _____

Legal Business Name: _____

Postal Code: _____

Doing Business As: _____

Country: _____

Street: _____

County Name: _____

City: _____

Division Name: _____ (Optional)

State/Province: _____

Division Number: _____ (Optional)

GENERAL INFORMATION: Must be completed by all registrants

CAGE Code: _____ (Optional)

U.S. Federal TIN: _____ (Taxpayer ID No.)

Average number of Employees: _____

Incorporated in: _____ (State or Country)

3-Year Average Revenue: _____ (in U.S. Dollars)

Date Business Started: _____ (MM-DD-YYYY)

Accounting Period Closes: _____ (MM-DD)

Gov't Purchase Card: Accept _____ Don't Accept _____

Security (optional)

Security Level at Registering Party's Facility: (Circle One) Top Secret, Secret, or Confidential

Employees Highest Security Clearance: (Circle One) Top Secret, Secret, or Confidential

Security Level at Facility Where Work is Performed: (Circle One): Top Secret, Secret, or Confidential

Individual Certifying the Registration

Name: _____

Phone #: (_____) _____

Int'l Phone #: _____

Fax #: (_____) _____

Email: _____

Point of Contact for Information

Name: _____

Phone #: (_____) _____

Int'l Phone #: _____

Fax #: (_____) _____

Email: _____

What is your preferred method for receiving CCR Notifications (Circle one) Fax Mail Email

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QUALITY STANDARDS: *If not applicable leave blank.* Check all standards that apply.

Approved Quality Standards:	DoD-STD-2168	_____	MIL-STD-1556B	_____
	ISO-9000	_____	MIL-STD-1586A	_____
	MIL-Q-9858	_____	MIL-STD-1629A	_____
	MIL-STD-105	_____	MIL-STD-1839A	_____
	MIL-STD-167-1	_____	MIL-STD-40001 (AT)	_____
	MIL-STD-831	_____	MIL-STD-45662	_____
	MIL-STD-980	_____		

If the applicable standard(s) is not listed, write the standards on the following blank lines.

PREVIOUS BUSINESS NAMES: *If not applicable leave blank.*

List all previously used business names on the following blank lines:

TARGETED BUSINESS LOCATIONS: *Must be completed by all registrants.* Choose as many states and/or countries as necessary. To select all states, write USA as a country (provide country names not regions). State abbreviations accepted.

Countries or States _____

Countries or States _____

SBA CERTIFIER: 8(A) FIRMS ONLY: *If not applicable leave blank.* Complete only if you are 8(A) Certified

Name of SBA Office: _____ SBA Point of Contact: _____

City: _____ Phone #: (_____) _____

State: _____

PERFORMANCE LOCATIONS: *If not applicable leave blank.* Complete only if the performance location(s) is different than the registering party's address. Multiple iterations accepted, make as many copies as necessary.

DUNS: _____

Name of Location: _____

Country: _____

Street: _____

Phone #: (_____) _____

City: _____

Int'l Phone #: _____

State/Province: _____

Fax #: (_____) _____

Postal Code: _____

Email: _____

PACKAGER: *If not applicable leave blank.* Complete only if the registering party uses another company to package their goods and they are listed on your federal contract/orders. Multiple iterations accepted, make as many copies as necessary.

DUNS: _____

Name of Packager: _____

Country: _____

Street: _____

Phone #: (_____) _____

City: _____

Int'l Phone #: _____

State/Province: _____

Fax #: (_____) _____

Postal Code: _____

Email: _____

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GOVERNMENT CONTRACT ADMINISTRATION OFFICE: *If not applicable leave blank.* Enter the U.S. government contract office(s) responsible for the administration of U.S government contract performed by the registering party. Multiple iterations accepted, make as many copies as necessary.

Admin. Office: _____

Country: _____

Street: _____

Phone #: (_____) _____

City: _____

Int'l Phone. #: _____

State/Province: _____

Fax #: (_____) _____

Postal Code: _____

Email: _____

PARENT COMPANY AND AFFILIATES: *If not applicable leave blank.* Complete only if registering party has a Parent Company or Affiliate(s).

Parent Company Information

DUNS: _____

CAGE Code: _____

Name: _____

Street: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Federal TIN: _____ (Taxpayer ID No.)

Avg. No. of Employees: _____

3-Year Average Revenue: _____ (in U.S. dollars)

Affiliate Information. Multiple iterations accepted, make as many copies as necessary.

DUNS: _____

CAGE Code: _____

Name: _____

Street: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Federal TIN: _____ (Taxpayer ID No.)

Avg. No. of Employees: _____

3-Year Average Revenue: _____ (in U.S. dollars)

ADDITIONAL CONTACTS: *Must be completed by all registrants.*

Authorized Financial Contact

Name: _____

Phone #: (_____) _____

Int'l Phone. #: _____

Fax #: (_____) _____

Email: _____

Authorized Signature Contact

Name: _____

Phone #: (_____) _____

Int'l Phone. #: _____

Fax #: (_____) _____

Email: _____

If not applicable leave blank.

EDI Coordinator

Name: _____

Phone #: (_____) _____

Int'l Phone. #: _____

Fax #: (_____) _____

Email: _____

Owner (only if contractor is an individual or sole proprietor)

Name: _____

Phone #: (_____) _____

Int'l Phone. #: _____

Fax #: (_____) _____

Email: _____

TYPE OF BUSINESS: *Must be completed by all registrants.*

Type of organization: (Circle only one)

Individual/Sole Proprietorship

Partnership

Corporation

S-Corporation

None of the above

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Registrant's DUNS: _____ Company Name: _____
Business size: (Circle only one) Small Other than Small

Check all that apply:

<input type="checkbox"/> Tribal government	<input type="checkbox"/> Municipality	<input type="checkbox"/> Subgroup
<input type="checkbox"/> Research Institute	<input type="checkbox"/> Construction Firm	<input type="checkbox"/> Minority Owned
<input type="checkbox"/> Sheltered Workshop	<input type="checkbox"/> Other Not-For-Profit Facility	<input type="checkbox"/> Woman owned
<input type="checkbox"/> Non-Profit Institution	<input type="checkbox"/> 8(a) Program Participant Firm	<input type="checkbox"/> Small Disadv. Business
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Provide Services	<input type="checkbox"/> Veteran Owned
<input type="checkbox"/> Historically Black College/University	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> American Indian Owned
<input type="checkbox"/> Other Unlisted Type	<input type="checkbox"/> Surplus Dealer	

SEND COPIES OF SOLICITATIONS TO: *If not applicable leave blank.* Indicate all parties to receive copies of solicitations (if address is different from the registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: _____	CAGE Code: _____
Name: _____	Name of Contact: _____
Street: _____	Phone #: (_____) _____
City: _____	Int'l Phone #: _____
State/Province: _____	Fax #: (_____) _____
Postal Code: _____	Email: _____ EDI Capable: YES or NO
Country: _____	

PARTY SUBMITTING QUOTES: *If not applicable leave blank.* Enter information about the parties authorized to submit quotes on behalf of the registering party (if address is different from registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: _____	CAGE Code: _____
Name: _____	Name of Contact: _____
Street: _____	Phone #: (_____) _____
City: _____	Int'l Phone #: _____
State/Province: _____	Fax #: (_____) _____
Postal Code: _____	Email: _____ EDI Capable: YES or NO
Country: _____	

PARTY RECEIVING PURCHASE ORDER: *If not applicable leave blank.* Enter all parties to receive purchase order (if address is different from the registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: _____	CAGE Code: _____
Name: _____	Name of Contact: _____
Street: _____	Phone #: (_____) _____
City: _____	Int'l Phone #: _____
State/Province: _____	Fax #: (_____) _____
Postal Code: _____	Email: _____ EDI Capable: YES or NO
Country: _____	

GOODS AND SERVICES SCREEN: *Must be completed by all registrants.*

List all Standard Industrial Classification Codes (SIC) or SIC2+2 Codes for the registrant (At least one is required)

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Registrant's DUNS: _____ Company Name: _____
List all Federal Stock Classification (FSC) and Product Service Codes (PSC) for the registrant.

FINANCIAL INFORMATION: Must be completed by all registrants.

Registrant's Accounts Receivable Contact (Required whether paid by check or EFT)

Contact: _____ Fax #: (_____) _____
Phone #: (_____) _____ Email: _____
Int'l Phone #: _____

Complete the following information for each check mailing address. Multiple iterations accepted, make as many copies as necessary.

Name of Location: _____ State/Province: _____
Street: _____ Postal Code: _____
City: _____ Country: _____

If remittance advice is not sent to above address, identify your financial service provider/alternative destination and their DUNS.

Financial Service Provider: _____ DUNS: _____

Complete the following information for each Electronic Funds Transfer (EFT) account. Multiple iterations accepted, make as many copies as necessary.

Financial Institution: _____
ABA Routing/Transit ID #: _____

Select type and enter corresponding account number and name.

Type of account (select only one): Checking ____ Savings ____ Lock Box ____

Account #: _____ Account Name: _____

ACH Coordinator for Financial Institution

Phone #: (_____) _____
Fax #: (_____) _____
Int'l Phone #: _____
Email: _____ (Financial Institution's)

Check payment formats that apply. (Contact your bank for assistance)

ACH Demand Corporate Trade Exchange (CTX) Credit (ACH-DXC) _____
ACH Savings Corporate Trade Exchange (CTX) Credit (ACH-SXC) _____

Electronic Data Interchange (EDI) PARAMETERS: If not applicable leave blank. If EDI Capable, contact your Value Add Network (VAN) or Value Added Service (VAS) for assistance.

EDI Systems Media Capability (select one): Point to Point ____ Service Contract Provider ____
Vendor's electronic communication number (e.g. Email address): _____
VAN (or VAS): _____
DUNS No. of VAN (or VAS): _____
EDI Software: _____ (Include Version)

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EDI CAPABILITIES: *If not applicable leave blank.* If EDI capable contact your VAN for assistance. Place a check the appropriate column Multiple iterations accepted, make as many copies as necessary.

Transaction Sets	Send	Receive	Send/Receive	Version*
810 Invoice				
820 Payment Order/Remittance Advice				
824 Application Advice				
832 Catalog				
836 Award Notice				
838 Trading Partner Profile				
840 Request for Quotation (RFQ)				
841 Technical Information				
843 Response to Request for Quotation				
848 Material Safety Data Sheet				
850 Purchase Order or Delivery Order				
855 Purchase Order Acknowledgment				
856 Ship Notice				
860 Purchase Order Change				
864 Text Message				
865 Purchase Order Change Acknowledgment				
869 Order Status Inquiry				
870 Order Status Report				
997 Functional Acknowledgment				
EXAMPLE*				
840 Request for Quotation (RFQ)		X		002003 - APADE
843 Respond to Request for Quotation (RFQ)	X			002003 - ITEMP
850 Purchase Order or Delivery Order		X		003010 - SAACONS
997 Functional Acknowledgment			X	003040

ACKNOWLEDGEMENT & ACCEPTANCE

Signature of person accepting Federal Electronic Commerce Acquisition Registration Instructions (FECAI):

Date: _____

Signature of certifying official, acknowledging that the information provided is current, accurate, and complete as of the date of this submission:

Date: _____

REGISTER YOURSELF ONLINE AT <http://www.acq.osd.mil/ec>

**OR MAIL COMPLETED FORM TO:
Department of Defense
ATTN: EC Information Center
1700 N. Moore St., Suite 1425
Arlington, VA 22209**

OR FAX TO:

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703-696-0213

Company Name:_____